

CSD 1100 [12/01/16] (Page 1 of 3)
Name, Address, Telephone No. & I.D. No.

Kit James Gardner (161736)
Law Offices of Kit J. Gardner
501 W. Broadway, Suite 800
San Diego, CA 92101
Telephone: (619) 525-9900
Facsimile: (619) 374-2241

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, California 92101-6991

In Re

Lignus, Inc.

BANKRUPTCY NO. 17-05475-CL11

Debtor.

AMENDMENT

Presented are the original and one conformed copy of the following [Check one or more boxes as appropriate]:

- ☐ Voluntary Petition
- ☐ Attachment to Chapter 11 Voluntary Petition for Non-Individuals
- ☐ Exhibit C: Attachment to Voluntary Petition B 1
- ☐ Summary of Schedules (Includes Statistical Summary of Certain Liabilities)
- ☐ Summary of Your Assets and Liabilities and Certain Statistical Information
- ☐ Schedule of Real and/or Personal Property
- ☐ Schedule of Property Claimed Exempt for Individuals
- ☒ Creditors Holding Claims Secured by Property, Creditors Who Have Unsecured Priority and/or Non-priority Claims, and/or Matrix, and/or list of Creditors or Equity Holders - **REQUIRES COMPLIANCE WITH LOCAL RULE 1009**
 - ☒ Adding or deleting creditors (electronic media), changing amounts owed or classification of debt - \$31.00 fee required. See instructions on reverse side.
 - ☒ Correcting or deleting other information. See instructions on reverse side.
- ☐ Schedule of Executory Contracts & Expired Leases
- ☐ Schedule of Co-Debtor
- ☐ Income of Individual Debtor(s)
- ☐ Expenses of Individual Debtor(s)
- ☐ Expenses for Separate Household of Debtor 2
- ☐ Statement of Financial Affairs
- ☐ Chapter 7 Statement of Your Current Monthly Income
- ☐ Chapter 7 Statement of Exemption from Presumption of Abuse Under § 707(b)(2)
- ☐ Chapter 7 Means Test Calculation
- ☐ Chapter 11 Statement of Your Current Monthly Income
- ☐ Chapter 13 Statement of Current Monthly Income and Calculation of Commitment Period:
- ☐ Chapter 13 Calculation of Your Disposable Income
- ☐ Other:

Dated: 10/12/17

Signature /s/ Kit J. Gardner

Attorney for Debtor

CSD 1100 (Page 2 of 3) [12/01/16]

DECLARATION OF DEBTOR

I [We] Jose Gaitan, CFO of Lignus, Inc., the debtor(s), hereby declare under penalty of perjury that the information set forth in the amendment attached hereto, consisting of 4 pages, and on the creditor matrix electronic media, ~~it~~ is true and correct to the best of my [our] information and belief.

Dated: 10/10/17



 Jose Gaitan

* If filed electronically, pursuant to LBR 5005-4(C), the original debtor signature(s) in a scanned format is required.

INSTRUCTIONS

- A. Each amended page is to be in the same form as the original but is to contain **only the information to be changed or added**. Pages from the original document which are not affected by the change are not to be attached.
1. Before each entry, specify the purpose of the amendment by inserting:
 - a. "ADDED," if the information was missing from the previous document filed; or
 - b. "CORRECTED," if the information modifies previously listed information; or
 - c. "DELETED," if previously listed information is to be removed.
 2. At the bottom of each page, insert the word "AMENDED."
 3. Attach all pages to the cover page and, *if a Chapter 7, 11, or 12 case*, serve a copy on the United States Trustee, trustee (if any) and/or the members of a creditors' committee. *If a Chapter 13 case*, serve a copy on the trustee; **DO NOT** serve a copy on the United States Trustee.
- B. Comply with Local Bankruptcy Rule 1009 when adding or correcting the names and/or addresses of creditors (electronic media required when Amendment submitted on paper) or if altering the status or amount of a claim.

Amendments that fail to follow these instructions may be refused.

****Amendments filed after the case is closed are not entitled to a refund of fees****

PROOF OF SERVICE

I, whose address appears below, certify:

That I am, and at all relevant times was, more than 18 years of age;

I served a true copy of this **Amendment** on the following persons listed below via the following method(s):

1. **To Be Served by the Court via Notice of Electronic Filing ("NEF"):**

Under controlling Local Bankruptcy Rules(s) ("LBR"), the document(s) listed above will be served by the court via NEF and hyperlink to the document. On ~~10/10/17~~ 10/12/17, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below:

☐

Chapter 7 Trustee:

☒

For Chpt. 7, 11, & 12 cases:

UNITED STATES TRUSTEE
ustp.region15@usdoj.gov

☐

For ODD numbered Chapter 13 cases:

THOMAS H. BILLINGSLEA, JR., TRUSTEE
Billingslea@thb.coxatwork.com

☐

For EVEN numbered Chapter 13 cases:

DAVID L. SKELTON, TRUSTEE
admin@ch13.sdcoxmail.com
dskelton13@ecf.epiqsystems.com

CSD 1100

2. **Served by United States Mail or Overnight Mail:**

On _____, I served the following person(s) and/or entity(ies) at the last known address(es) in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States Mail via 1) first class, postage prepaid, 2) certified mail with receipt number or 3) overnight mail service, addressed as follows:

3. **Served by Personal Delivery, Facsimile Transmission or Electronic Mail:**

Under Fed.R.Civ.P.5 and controlling LBR, on _____, I served the following person(s) and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission and/or electronic mail as follows:

I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct.

Executed on 10/12/17
(Date)

/s/ Kit J. Gardner
(Typed Name and Signature)

501 W. Broadway, Suite 800
(Address)

San Diego, CA 92101
(City, State, ZIP Code)

Fill in this information to identify the case:

Debtor Lignus, Inc.

United States Bankruptcy Court for the: Southern District of CA
(State)

Case number 17-05475-CL11
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

San Diego County Tax Collector
1600 Pacific Highway, Room 162
San Diego, CA 92101

Date or dates debt was incurred

Last 4 digits of account number 9 4 8 6

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ 203.94

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Personal property tax

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

Priority amount

\$ 203.94\$ 203.94ADDED**2.2** Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (qqqqq)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Lignus, Inc.
Name

Case number (if known)

17-05475-CL11

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address AT&T 211 S Akard St. Dallas, TX 75202 Date or dates debt was incurred <u>8&9/2017</u> Last 4 digits of account number <u>2 1 0 4</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service provider</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes <u>ADDED</u>
3.2	Nonpriority creditor's name and mailing address Chevron and Texaco Universal Card P.O. Box 921729 Norcross, GA 30010 Date or dates debt was incurred <u>8/2017</u> Last 4 digits of account number <u>Y 3 0 8</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes <u>ADDED</u>
3.3	Nonpriority creditor's name and mailing address City of Chula Vista Security Alarm Program P.O. Box 142588 Irving, TX 75014 Date or dates debt was incurred <u>1/2016-7/2017</u> Last 4 digits of account number <u>3 8 1 5</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service provider</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes <u>ADDED</u>
3.4	Nonpriority creditor's name and mailing address Republic Services 2590 Main St. Chula Vista, CA 91911-611010 Date or dates debt was incurred <u>8-9/2017</u> Last 4 digits of account number <u>9 4 9 9</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service provider</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes <u>ADDED</u>
3.5	Nonpriority creditor's name and mailing address San Diego Gas & Electric P.O. Box 25111 Santa Ana, CA 92799-5111 Date or dates debt was incurred <u>8-9/2017</u> Last 4 digits of account number <u>7 0 1 7</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service provider</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes <u>ADDED</u>
3.6	Nonpriority creditor's name and mailing address San Diego Propane P.O. Box 710848 Santee, CA 92072 Date or dates debt was incurred <u>7-9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service provider</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes <u>ADDED</u>

Debtor

Lignus, Inc.

Case number (if known)

17-05475-CL11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address Sparkletts 6750 Discovery Blvd. Mableton, GA 30126 Date or dates debt was incurred <u>7/18/17;8/15/17</u> Last 4 digits of account number <u>1 0 3 9</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Service provider</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>137.13</u> <u>ADDED</u>
3.	Nonpriority creditor's name and mailing address Tyco Integrated Security LLC 10405 Crosspoint Blvd. Indianapolis, IN 46256 Date or dates debt was incurred <u>8/1/17-10/31/17</u> Last 4 digits of account number <u>0 9 6 6</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service provider</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>300.31</u> <u>ADDED</u>
3.	Nonpriority creditor's name and mailing address Uline PO Box 88741 Chicago, IL 60680-1741 Date or dates debt was incurred <u>6/30/17;8/15/17</u> Last 4 digits of account number <u>6 7 7 7</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade vendor</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>232.79</u> <u>ADDED</u>
3.	Nonpriority creditor's name and mailing address AT&T 211 S Akard St. Dallas, TX 75202 Date or dates debt was incurred <u>9/2017</u> Last 4 digits of account number <u>7 7 5 3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service provider</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,534.23</u> <u>ADDED</u>
3.	Nonpriority creditor's name and mailing address MFC Commodities GmbH Millenium Tower, 21st Fl Handelskai 94-96 A1200 Vienna AUSTRIA Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade vendor</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>30,578.36</u> <u>CORRECTED ADDRESS</u>

Debtor

Lignus, Inc.

Case number (if known)

17-05475-CL11

Name

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

5a. Total claims from Part 1	5a.	\$	<u>203.94</u>
5b. Total claims from Part 2	5b.	+	\$ <u>36,036.59</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	<u>36,240.53</u>